



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



CONFIRMATION NO. 7225

Bib Data Sheet

|                             |  |              |                        |                        |
|-----------------------------|--|--------------|------------------------|------------------------|
| SERIAL NUMBER<br>10/613,387 | FILING OR 371(c)<br>DATE<br>07/05/2003<br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3763 | ATTORNEY<br>DOCKET NO. |
|-----------------------------|--|--------------|------------------------|------------------------|

**APPLICANTS**

Joseph John Spranza III, Grass Valley, CA;  
 Robert S. Namba, Corona Del Mar, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/697,463 10/26/2000 PAT 6,613,039

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None***IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 09/30/2003

|  |  |                        |                      |                   |                         |
|--|--|------------------------|----------------------|-------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br><i>Allowance</i> | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>10 | TOTAL CLAIMS<br>3 | INDEPENDENT CLAIMS<br>1 |
| Verified and Acknowledged<br><br>Examiner's Signature  | Initials   |                        |                      |                   |                         |

**ADDRESS**

Joseph John Spranza, III  
 12493 Old Rough & Ready Highway  
 Grass Valley, CA95945

**TITLE**

Safety guide for surgical placement of sharp instruments

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>375 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|